

SIR 05 APR [REDACTED]

1. Category [REDACTED]

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 1540 07April05

4. Location: Camp Delta, GTMO, Cuba

5. Other information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel involved:

A. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j) Duty of Status: On Duty

C. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

D. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

(b)(2), (b)(6)
(c)
(d)
(e)
(f)



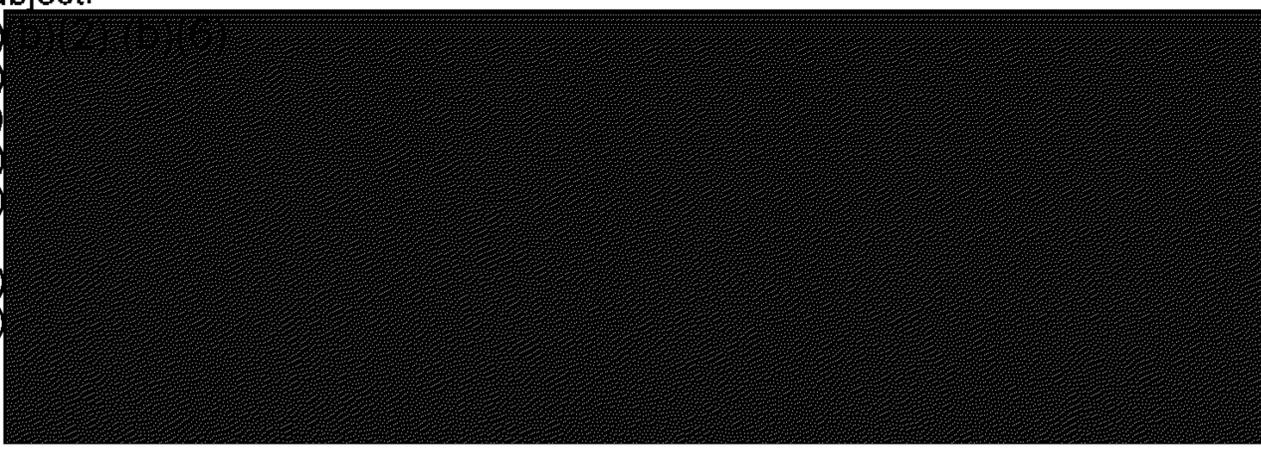
E. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)



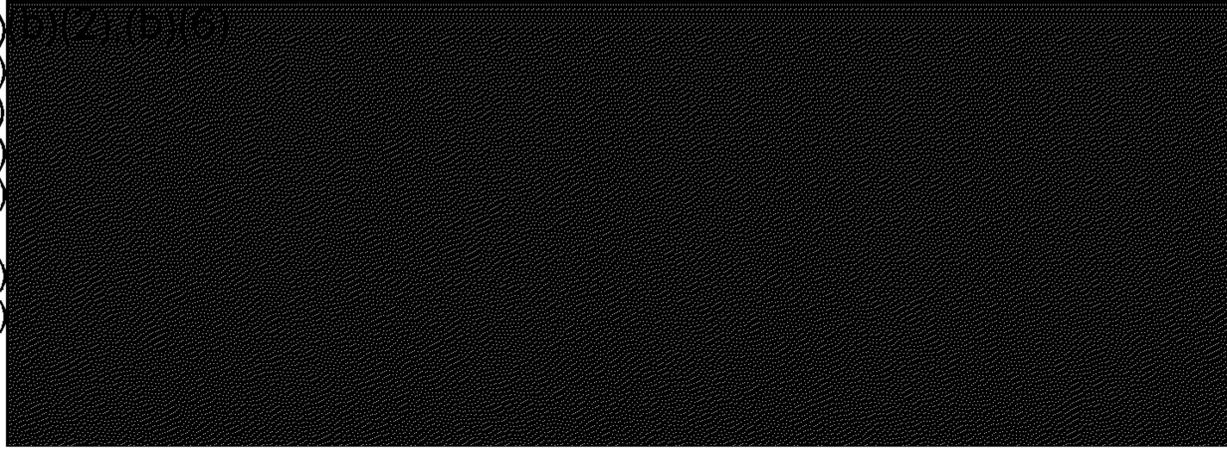
F. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)



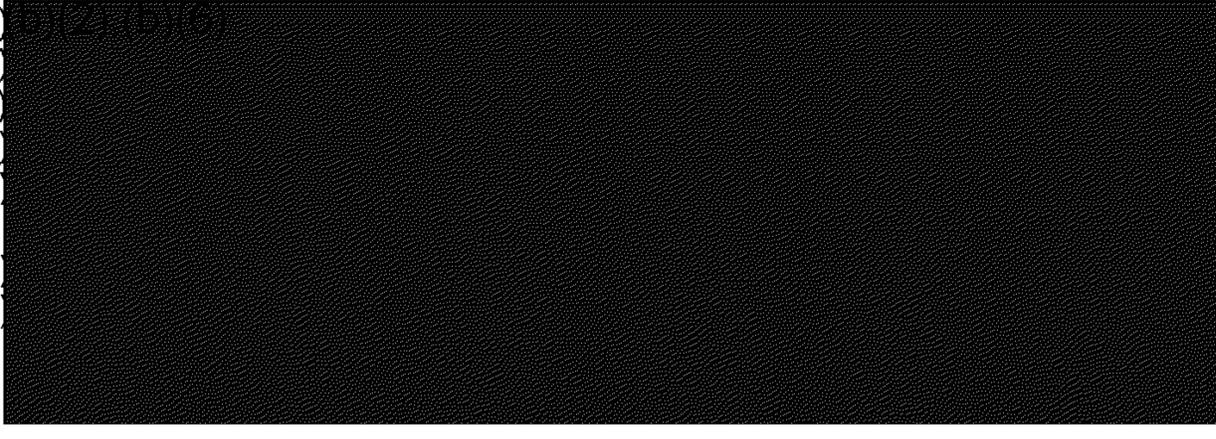
G. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)



H. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)



I. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)



IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 7 APR 05, AND THE CURRENT TIME IS 1517. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] SN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

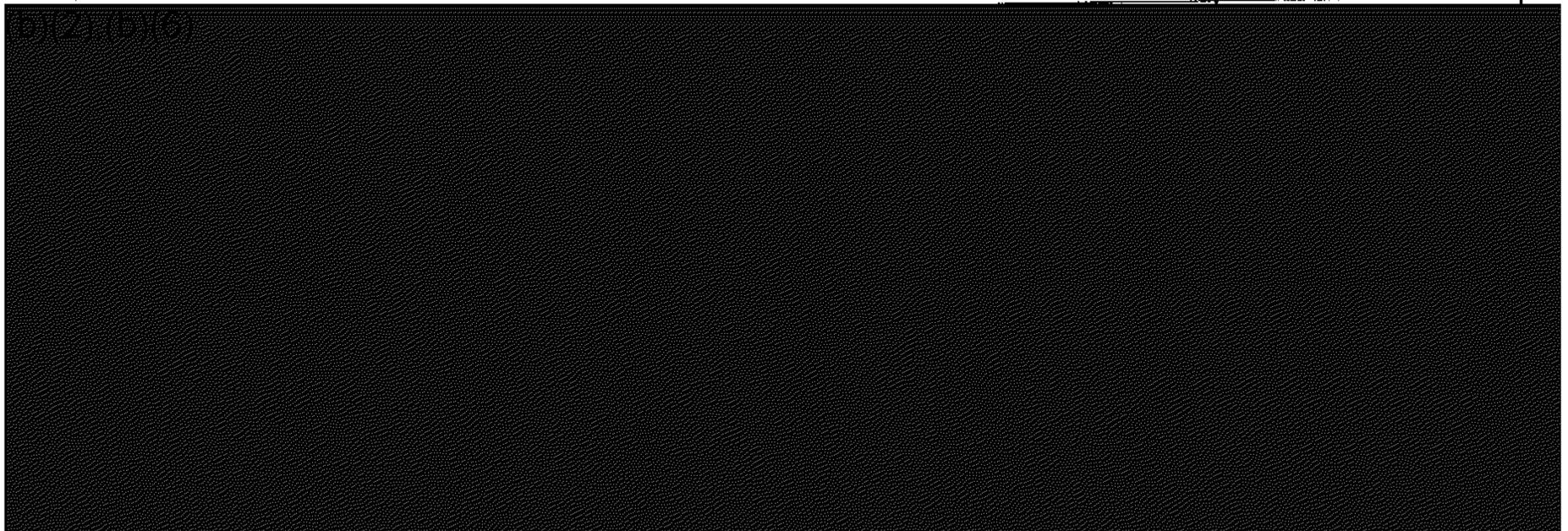
DETAINEE REFUSED TO REMOVE TOWEL
FROM WINDOW

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

- ESCORT TEAM
- MEDICAL TEAM
- VIDEO TEAM
- INTERPRATER
- BARBER

IRF PERSONNEL INFORMATION:

POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION 5



[REDACTED]

MEDICAL ATTENTION NEEDED: ~~YES~~ / NO

(b)(6)

INCIDENT REPORT SIR 05 APR (b)(2)

- 1. Category: (b)(6)
- 2. Type of Incident: Forced Cell Extraction of Detainee
- 3. Date/Time of Incident: 122007April05
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N

(b)(2)

6. Personnel involved:

A. Subject:

- (a) (b)(2), (b)(6)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Subject:

- (a) (b)(2), (b)(6)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

C. Subject:

- (a) (b)(2), (b)(6)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

D. Subject:

- (a) (b)(2), (b)(6)
- (b)
- (c)
- (d)
- (e)
- (f)

(g)
(h)
(i)
(j)

(b)(2)(b)(6)

E. Subject:

(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

(b)(2)(b)(6)

F. Subject:

(a)
(b)
(c)
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(e)
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(b)(2)(b)(6)

G. Subject:

(a)
(b)
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(j)

(b)(2)(b)(6)

H. Subject:

(a)
(b)
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(g)
(h)
(i)
(j)

(b)(2)(b)(6)

I. Subject:

(a)
(b)
(c)
(d)

(b)(2)(b)(6)

(e) (b)(2), (b)(6)
(f)
(g)
(h)
(i)
(j)

J. Subject:

(a) (b)(2), (b)(6)
(b)
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(f)
(g)
(h)
(i)
(j)

K. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

L. Detainee:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)

7. Summary of Incident: On 07 April 2005 at approximately 0840hrs, detainee ISN# [REDACTED] refused shower and recreation. He was ordered to come out for a cell search and placed his hands out in order to be shackled. When the Block MP began to place the shackles on the detainee, the detainee punched the Block MP in the stomach and spit on him. Per SOP, Behavioral Health was called and they arrived on the block with an interpreter to remove his Basic Issue (BI). When ordered to surrender his BI, the detainee threw urine on the Behavioral Health technician and the interpreter. The Camp [REDACTED] SOG then responded to the block and ordered the detainee to give up his BI. Again, he refused. The Camp [REDACTED] PL then attempted to get the detainee's basic issue items. The detainee stated that he would give up his issue items to the Behavioral Health officer if they came down and told him to give the items to the MP's. The Behavioral Health officer did not respond to the block. The on-duty Company Commander arrived on the block at approximately 1215hrs. When the CO went on the tier, the bean hole to [REDACTED] was open as the detainee would assault anyone who went to try and close it. The CO instructed one of the block MP's to retrieve an IRF shield to be used to close the bean hole. As the MP's moved to close the bean hole, the detainee threw feces through the bean hole,

which struck the on duty CO on the wrist, and legs. The MP's placed the IRF shield over the bean hole and were able to secure it shut. The CO then asked the detainee to comply with turning over his BI and was told no. At 1220 hrs, the CO then called the assistant S-3, then the on-duty field grade, and informed him of the situation. He then authorized the Forced Cell Extraction (FCE) and the primary IRF code was given. At 1234hrs, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was shackled and taken to the recreation yard for examination by the on duty Corpsman. The detainee was asked if he was injured and he stated he was okay and uninjured. He was then carried by the IRF team to [REDACTED] block and placed into cell [REDACTED] without incident and the FCE was complete at 1245hrs. The detainee was fed his lunch meal at approximately 1300hrs.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: [REDACTED]

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CAMP DELTA	2. DATE (YYYYMMDD) 2005 0407	3. TIME 0850	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS JDDO JTF			

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 07 APR 05, at approximately 0840 while attempting to
shackle _____ the detainee struck
me in the stomach and spit on me. // End of statement //

CONTINUED - This occurred while conducting a random
cell search. // End of statement //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.



SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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1. LOCATION CAMP DELT GTMO CUBA	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1302Z	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS JTF-GTMO CUBA			

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

AT AROUND 0800, _____ ASSAULTED AND SPIT ON _____ MY PRESENCE WAS REQUESTED ON _____ BLOCK. I TALKED WITH _____ ABOUT WHAT HAD HAPPENED. _____ STATED HE WASN'T TREATED WELL, THAT ~~HE~~ HE WAS SWORE AT AND MAD AT _____ FOR A PRIOR EVENT THAT "SUPPOSEDLY" HAD HAPPEND. BEHAVIORAL HEALTH CAME ON _____ BLOCK AFTER I HAD EXITED THE BLOCK. MY PRESENCE AS SOG WAS REQUESTED ONCE AGAIN ON _____ BLOCK. THE PERSON THAT CAME ON _____ BLOCK FROM BEHAVIORAL HEALTH RECEIVED A LARGE AMOUNT OF URINE IN THE FACE AND UPPER TORSO. CO CAME ON _____ BLOCK AND ALSO RECEIVED URINE AND FESUS. /// END OF STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
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SWORN STATEMENT

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AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CAMP DELTAGUANTADA MORAY, CUBA	2. DATE (YYYYMM) [REDACTED] 2005/04/07	3. TIME [REDACTED] 1302	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS ITE-GTMO, GUANTANAMO BAY, CUBA			

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 2005 APRIL 07 AT 1230 WHILE ATTEMPTING TO CLOSE [REDACTED] DETAINEE WAS PUNCHING AT MYSELF AND OTHER MPs. ALSO BEFORE THE BEAN HOLE WAS SHOT [REDACTED] THREW A COMBINATION OF FICES AND URIN OUTLANDING ON SEVEREL PEOPLE, [REDACTED]
// END OF STATEMENT //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
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IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 7 APR 2005 AND THE CURRENT TIME IS _____ I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] ISN [REDACTED] DUE TO THE FOLLOWING EVENTS:

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

- ESCORT TEAM
- MEDICAL TEAM
- VIDEO TEAM
- INTERPRATER
- BARBER

IRF PERSONNEL INFORMATION:

POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5
(b)(2) (b)(6)				

[REDACTED]

MEDICAL ATTENTION NEEDED: YES / NO

(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

J. Subject:
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

K. Subject:
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

L. Detainee:
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]

7. Summary of Incident: CO on duty, [REDACTED] On 07 April 2005 at approximately 1345, detainee ISN# [REDACTED] cell [REDACTED] refused an order from the Block NCO to take a towel down that was totally covering his cell window. At approximately 1350, the SOG [REDACTED] ordered detainee ISN# [REDACTED] to remove his towel and he refused. At approximately 1400, the PL [REDACTED] ordered the detainee to remove his towel and he refused. At approximately 1422, the [REDACTED] arrived at the detainee's cell with an Arabic interpreter and ordered the detainee to remove his towel because it was a safety issue and against the rules at least 3 times and he refused. At approximately 1450, [REDACTED] activated the IRF Team using the [REDACTED] and received permission from [REDACTED] to conduct a Forced Cell Extraction (FCE) if the detainee continued to refuse orders to take his towel down. At approximately 1500, a Behavioral Health Technician [REDACTED] arrived at [REDACTED] block and spoke to detainee ISN# [REDACTED] Afterward, [REDACTED] authorized the removal of all BI items from the detainee upon extraction. At approximately 1515, [REDACTED] arrived at the detainee's cell again with the Arabic interpreter and gave him another chance to

IRF INFORMATION COLLECTION SHEET

ISN OF DETAINEE [REDACTED]
CELL LOCATION [REDACTED]

SOG [REDACTED]
PL [REDACTED]
CO [REDACTED]
MEDICAL _____
BEHAVIORAL HEALTH _____

TIME/ WHO- ADVISED HIGHER OF SITUATION:

TIME IRF TEAM ASSEMBLED 1220
TIME IRF INITIATED 1234
TIME IRF COMPLETED 1245

[REDACTED]

CAMERA DISPATCHED W/ RADIO 1220 (JEDI 1)

STOP CAMP MOVEMENT 1222
START CAMP MOVEMENT 1259
HOLD RADIO TRAFFIC 1222
CLEAR NORMAL TRAFFIC 1259

OTHER POSSIBLE NOTIFICATIONS

TIME
DETAINEE OPERATIONS OIC 1220
S-3 1220
DJDOG _____
CJDOG 1223

JOC CONTACTED 1225

CELL/ISN [REDACTED]
REASON FOR IRF NOT COMPLE FOR CELL SEARCH
CHEMICAL USED NO DECON LOCATION _____
INJURY MP/DETAINEE NO MED CLEARED YES NO
RELOCATION OF DETAINEE YES [REDACTED]

SIR 3 JUNE 2005

1. Category: [REDACTED]

2. Type of Incident: Reactive Use Of Force

3. ISN#: [REDACTED]

4. Date/Time of Incident: 3 JUNE 2005 / Appx. 0450hrs

5. Location: Camp [REDACTED] Wing, Cell [REDACTED] GTMO, Cuba

6. Other information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

7. Personnel involved:

A. Subject:

- (a) (b)(2) (b)(6)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Su

- (a)
- (b)
- (c)
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- (i)
- (j)

C. S

- (a)
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- (j)

D. S

- (a)
- (b)
- (c)
- (d)
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- (g)
- (h)
- (i)
- (j)

[REDACTED]

E. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

[REDACTED]

F. Detainee:

- (a)
- (b)
- (c)

[REDACTED]

8. Summary of Incident: On 3 June 2005, at approximately 0430 hours, I SOG [REDACTED] contacted Behavioral Health in regards to a memo authorizing Camp [REDACTED] Cadre to remove detainee ISN# [REDACTED] Basic Items for an incident the detainee committed early in the shift. Behavioral Health advised me they were waiting on my call to them, saying the removal of the Basic Items was completed. At that time I advised the [REDACTED] Wing Block NCO to remove the detainee's Basic Items. The MP's shackled the detainee's hands and legs using the minimum amount force necessary. When the shackling was completed the detainee became violent and non compliant. The detainee spit on the Wing Guard's [REDACTED] face and attempted to head butt the Delta Block NCO [REDACTED]. At that time the detainee was taken to the ground using the minimum amount force necessary. The [REDACTED] Wing Block NCO sounded the [REDACTED]. All available Cadre and the SOG responded to the incident. The detainee's Basic Items were removed. The MP's then unrestrained the detainee and exited the cell in the motion's of a Forced Cell Extraction. No injuries were reported from Camp [REDACTED] cadre or the detainee at that time. DOC, Camp [REDACTED] NCOIC, Medical and Behavioral Health were notified of the incident.

9. Remarks: N/A

10. Publicity: N/A

11. Commander Reporting: [REDACTED]

12. Point of Contact: [REDACTED]

13. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005/06/03	3. TIME 0535	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
C-Btry 1/143 FA

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0450 on 03 June 2005, I _____ assisted with the removal of the Basic Issue of Detainee _____ ISN: _____ per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled and not pass the items through the tray slot. After the detainee was shackled he then proceeded to spit on me in the face. Then the Detainee then became violent and tried to head butt _____. The Detainee was then secured on the ground using the minimum amount of force necessary. At the time, the Block NCO sounded the duress code and all available MP's and SOG responded. Then _____ and the Block NCO proceeded to take his Basic Issue Items while the Detainee was secure. At that time the Detainee was placed in the IRF position and we exited the cell _____ *End of statement* _____

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

remove the towel or else he would be extracted from his cell so the towel could be removed to which the detainee again refused. At approximately 1530, [REDACTED] gave the order for the FCE to proceed. At 1540, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was restrained in flexi-cuffs and taken to the recreation yard for examination by the on-duty Corpsman. When asked questions about if he was injured the detainee's only responses through the interpreter were words to the effect that he was at war with all present. The Corpsman determined the detainee to be uninjured. When the detainee was told he would have to give up his shirt and pants once back in his cell, he answered angrily with further threats. For this reason, shears were used to cut and remove his shirt and pants from him while being held by the IRF Team in the recreation yard. The detainee was then carried by the IRF team back to his cell, [REDACTED] without incident and the FCE was complete at approximately 1620. The entire FCE was video-taped.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: [REDACTED]

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
367th Military Police Company JDOG, Camp Delta, APO AE 09360

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED] DETAINEE REFUSED SEVERAL REQUEST FROM THE BLOCK MP, BLOCK SGT, CAMP SOG, PL, AND CO TO REMOVE HIS TOWEL FROM HIS WINDOW, (IT OBSTRUCTED THE ONLY VIEW INTO THE CELL). AFTER MULTIPLE FAILED REQUEST THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED BY THE TEAM USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION WITH LIMITED INJURIES. (SCRAPES ON HIS ARM). THE FCE TEAM THEN RETURNED THE DETAINEE TO HIS CELL AND RELEASED HIM WITHOUT FURTHER INCIDENTS. THERE WAS NO INJURIES TO THE TEAM MEMBERS AND THE TEAM USED THE MINIMUM AMOUNT OF FORCE THROUGH OUT THE FCE.

NOTHING FOLLOWS

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
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For use of this form, see AR 190-45; the proponent agency is PMG.

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
 Navy Provisional Guard BN. Company JDOG, Camp APO AE 09360

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN
 I _____ THE FCE TEAM ENTERED THE CELL. THE
 DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED USING
 FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH.
 BOTH STATED THAT HE WAS IN GOOD CONDITION. THE FCE TEAM RETURNED HIM TO HIS CELL AND
 RELEASED HIM. THERE WAS NO INJURIES TO THE FCE TEAM OR THE DETAINEE. THE TEAM USED THE
 MINIMUM AMOUNT OF FORCE _____ NOTHING FOLLOWS-----NOTHING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
 MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD) 2005 04 07	3. TIME 1540	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

U.S. NAVY

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 07 APRIL 2005 at approximately At 1540 HRS A Force Cell Extraction MOVE WAS performed ON Detainee [REDACTED] ISN [REDACTED]

I was the number one man on the Force Cell extraction team the team approach the cell entered the cell which the detainee put up a fight. I the number one man [REDACTED] using the minimum amount of force necessary. The team moved the detainee from the cell to the Rec. Area. MEDICAL and Behavior health did an assessment on the detainee, then the team moved the Detainee back into the cell. The team released the detainee and exit the cell using the minimum force necessary. Detainee and Force Cell Extraction team needed No medical attention.

/// END STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

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SECRET

2

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CAMP DELTA, [REDACTED] BLOCK	2. DATE (YYYY) 20050407	3. TIME 1606	4. FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9. [REDACTED]

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON APRIL 7, 2005 AT 1500 HOURS I ENTERED CELL [REDACTED] SN [REDACTED] AS PART OF THE F.C.E TEAM. WHEN THE CELL DOOR WAS OPENED THE DETAINEE ATTEMPTED TO ESCAPE AND RESISTED VERY VIOLENTLY. I HAD CONTROL OF THE DETAINEE'S RIGHT ARM. I SECURED HIS HANDS BY USING FLEXICUFFS. WE CARRIED THE DETAINEE INTO THE RIGHT RECREATION YARD, THE DETAINEE WAS SEEN BY MEDICAL AND BEHAVIORAL HEALTH, AND WAS CLEARED TO BE RETURNED TO HIS CELL. HE WAS THEN CARRIED BACK TO HIS CELL. THE MINIMUM AMOUNT OF FORCE WAS USED TO SECURE THE DETAINEE. THE DETAINEE WAS NOT HURT AND I WAS NOT HURT DURING THE FORCE CELL EXTRACTION. [REDACTED] END OF STATEMENT [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
Navy Provisional Guard BN, Bravo Company JDOG, Camp Delta, APO AE 09360

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN _____ I WAS THE NUMBER THREE MAN. _____ THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. _____ THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE. _____ NOTHING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
--	----------------------------------	-----------------	----------------

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
---------------------------------------	--------	-----------------

8. ORGANIZATION OR ADDRESS
Navy Provisional Guard BN. Bravo Company JDOG, Camp Delta, APO AE 09360

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN _____ THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. I SECURED _____ THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE _____ THING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 /SSN/.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Wing Camp Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005/06/03	3. TIME 0535	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
C-Btry 1/143 FA

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0450 on 03 June 2005, I _____ assisted with the removal of the Basic Issue of Detainee _____ ISN: _____ per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled and not pass the items through the tray slot. After the detainee was shackled he then proceeded to spit on _____ the detainee then became violent and tried to head butt me. The detainee was then secured on the ground using the minimum amount of force necessary. At the time, the Block NCO sounded the duress code and all available MP's and SOG responded. Then _____ and the Block NCO proceeded to take his Basic Issue Items while the Detainee was secure. At that time the Detainee was placed in the IRF position and we exited the cell. _____ *End of Statement*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF <u>2</u> PAGES
-------------	--	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Camp [REDACTED] Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005/06/03 [REDACTED]	3. TIME 0519 [REDACTED]	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
C Btry, 1/143 FA

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0450 on 03 June 2005, I [REDACTED] informed Detainee ISN: [REDACTED] that he was now on [REDACTED] for prior incident per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled and not pass the items through the tray slot. The MP's then shackled the Detainee with hand and leg irons. After the detainee was shackled he then proceeded to spit on [REDACTED] the Detainee then became violent and tried to head butt [REDACTED]. Then I secured his head, and the MP's secured the Detainee on the ground using the minimum amount of force necessary. Then I and the Block NCO proceeded to take the Detainee's Basic Items Issue. At that time, the Block NCO sounded the [REDACTED] and all available MP's and the SOG responded. At that time the Detainee was placed in the IRF position and we exited the cell [REDACTED].

//END OF STATEMENT//

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
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DETAINEE REPORT

A729AD2F

1. TO COMMANDER or DESIGNATED REPRESENTATIVE

2. DATE

03JUN2005 0728L

3. TYPE OF REPORT: (Check One)

SIR

4. STATUS

REFER FOR DISCIPLINARY ACTION

5. DETAINEE'S NAME: (Last, First, MI)

6. ISN#

7. DETAINEE LOCATION

8. INCIDENT

09-THROW/SPIT BODY FLUIDS ON /AT MP (BATTERY)

9. REPORT

: On 3 June 2005, at approximately 0430 hours, I SOG [REDACTED] contacted Behavioral Health in regards to a memo authorizing Camp [REDACTED] Cadre to remove detainee ISN# [REDACTED] Basic Items for an incident the detainee committed early in the shift. Behavioral Health advised me they were waiting on my call to them, saying the removal of the Basic Items was completed. At that time I advised the [REDACTED] Block NCO to remove the detainee's Basic Items. The MP's shackled the detainee's hands and legs using the minimum amount force necessary. When the shackling was completed the detainee became violent and non compliant. The detainee spit on the Wing Guard's [REDACTED] face and attempted to head butt the [REDACTED] Block NCO [REDACTED]. At that time the detainee was taken to the ground using the minimum amount force necessary. The [REDACTED] Block NCO sounded the [REDACTED]. All available Cadre and the SOG responded to the incident. The detainee's Basic Items were removed. The MP's then unrestrained the detainee and exited the cell in the motion's of a Forced Cell Extraction. No injuries were reported from Camp [REDACTED] cadre or the detainee at that time. DOC, Camp [REDACTED] NCOIC, Medical and Behavioral Health were notified of the incident.

DETAINEE CURRENT LEVEL IS A [REDACTED]

LAST OFFENSE COMMITTED ON 3 JUNE 05

CATEGORY V OFFENSE

NO MOVEMENT

10. WITNESS

11 WAS DETAINEE INFORMED (Check One)

NO

12. ACTION TAKEN BY COMPOUND NCO:

13. ACTION(s) & RECOMMENDATION(s) OF GUARD COMMANDER:

14. RECOMMENDATIONS BY CHIEF, DETAINEE OPERATIONS BRANCH::

15. ACTION TAKEN BY SUPERINTENDENT:

APPROVED BY [REDACTED]

16. ACTIONS

17. REPORTING PERSON

NCOIC SOG

18. PERSON SSN

19. PERSON GRADE

ALL

SIR 01July05- 02

1. Category: [REDACTED]

2. Type of Incident: Forced Cell Extraction ISN [REDACTED]

3. Date/Time of Incident: 01 July 2005 / hrs

4. Location: Camp [REDACTED] Block, GTMO, Cuba

5. Other information:

(a) Racial (Y/N): N/A

(b) Trainee Involvement (Y/N): N/A

6. Personnel involved:

A. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

C. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

D. Subject:

- (a)
- (b)
- (c)

(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

E. Subject:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

F. Subject:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

G. Subject:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

H. Detainee:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]

7. Summary of Incident: On 1 July 05 at approximately 2305 hours, detainee ISN: [REDACTED] from cell [REDACTED] detached footpad from toilet. Detainee was instructed that he would be moved. Detainee refused to move. After numerous attempts to convince detainee to move by BNCO, SOG, PL, and Camp CO, to include attempt by FGIW [REDACTED], the FCE code was given. During the FCE one of two Korans in the cell was inadvertently damaged, and the detainee received lacerations to his lip and forehead. Detainee was restrained and taken to Detention clinic for medical assessment. Detainee was returned to new cell [REDACTED]

8. Remarks: None

9. Publicity: N/A

10. Commander Reporting: [REDACTED]
Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: CAMP DELTA, GUANTANAMO BAY, CUBA
2. DATE (YYYYMMDD): 2005 07 02
3. TIME: 0346
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS: NPSB, CAMP DELTA, GUANTANAMO BAY, CUBA

9. [Redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 06 JULY 2005 AT APPROXIMATELY 2115 WHILE THE IRF WAS MOVING DETAINEE [Redacted] IN CELL [Redacted] BLOCK HCO DID OBSERVE THAT DETAINEE [Redacted] IN CELL [Redacted] HAD REMOVED ONE FOOT PAD FROM HIS COMMANDO AND WAS BEATING IT AGAINST THE FRONT OF HIS CELL. THE DETAINEE WAS ASKED REPEATEDLY BY THE BLOCK HCO AND THE CO, WITH AN ARABIC INTERPRETER PRESENT, TO RETURN THE BROKEN FOOT PAD TO THE GUARDS OR TO ALLOW THE BLOCK GUARDS TO MOVE HIM TO AN UNBROKEN CELL. THE DETAINEE DID NOT COMPLY. THE IRF ARRIVED ON THE BLOCK AT 2320 AND REMOVED THE DETAINEE FROM THE BLOCK AT 2340. [Redacted] END OF STATEMENT

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 2 PAGE:

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED
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IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 01 JUL 05, AND THE CURRENT TIME IS _____. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED], ISN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

BARKER FOOTPADS DID NOT WANT TO RETURN AND GO MURKED

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

- ESCORT TEAM
- MEDICAL TEAM
- VIDEO TEAM
- INTERPRATER
- BARBER

IRF TEAM

IRF PERSONNEL INFORMATION:

POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5
[REDACTED]				

[REDACTED]

MEDICAL ATTENTION NEEDED: YES / NO

SWORN STATEMENT

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PRIVACY ACT STATEMENT

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1. LOCATION: CAMP DELTA, GUANTANAMOBAY, CUBA
2. DATE (YYYYMMDD): 2005 07 02
3. TIME: 1900
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS:

8. ORGANIZATION OR ADDRESS: JTF, CAMP DELTA, GUANTANAMO, BAY CUBA

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 2005 JULY 01 AT APPROXIMATELY 2305 THE IRF CODE WAS INITIATED AND THE SECONDARY IRF TEAM DRESSED OUT.

RESTRAINTS ON 2005 JULY 01 AT APPROXIMATELY 2300 THE IRF TEAM ENTERED CELL AND EXTRACTED DETAINEE ISN# USING THE MINIMUM AMOUNT OF FORCE NECESSARY. AFTER THE IRF WAS COMPLETED, THE DETAINEE WAS TURNED OVER TO THE CORPSMAN.
///END OF STATEMENT///

10. EXHIBIT:
11. INITIALS OF PERSON MAKING STATEMENT:
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

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SWORN STATEMENT

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PRIVACY ACT STATEMENT

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1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005 07 02	3. TIME 1400	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
 JTF GTMO W.C. CAMP [REDACTED], Camp Delta, Guantanamo Bay, Cuba 09360

9. I, [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON 2005 JULY 01 AT 2305 I [REDACTED] ON THE FORCE
 CELL EXTRACTION TEAM WHICH EXTRACTED DETAINEE ISN# [REDACTED] HELD IN
 CELL [REDACTED] I USED THE MINIMUM AMOUNT OF FORCE NECESSARY.
 END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
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PRIVACY ACT STATEMENT

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PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] BLOCK
2. DATE (YYYYMM) 01 JUL 05
3. TIME 1810
4. FILE NUMBER
5. NAME (LAST NAME, FIRST NAME, MIDDLE NAME) [REDACTED]
6. SSN [REDACTED]
7. GRADE/STATUS, [REDACTED]
8. ORGANIZATION OR ADDRESS NPG

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

APPROXIMATELY 2305 THE SECONDARY IRF CODE WAS GIVEN. AT THAT TIME I STEPPED OFF OF [REDACTED] BLOCK AND PUT ON THE PROPER IRF GEAR AND STOOD BY FOR THE WORD TO STEP ONTO [REDACTED] BLOCK. AT APPROXIMATELY 2330 THE WORD WAS GIVEN TO FORM UP OUTSIDE OF [REDACTED] BLOCK. THE SALLY DOORS WERE OPENED AND AT THAT TIME THE IRF TEAM LINED UP OUTSIDE OF [REDACTED] HOLDING DETAINEE ISAH [REDACTED] MY POSITION ON THE IRF TEAM, WHICH MEANS THAT I AM [REDACTED]

PUT INTO RESTRAINTS MY [REDACTED] WAS SAFE. AFTER THE DETAINEE WAS PUT INTO RESTRAINTS AND EXTRACTED FROM HIS CELL WITH THE MINIMAL AMOUNT OF FORCE NEEDED HE WAS TAKEN OUT INTO THE CAUSEWAY WHERE HE WAS TREATED FOR ANY INJURIES. THE MEDICAL TEAM ON SCENE DETERMINED THAT THE DETAINEE NEEDED FURTHER TREATMENT SO HE WAS PUT ON A SPINEBOARD AND PLACED ON THE [REDACTED] THE ESCORT TEAM ON SCENE ESCORTED MEDICAL AND THE DETAINEE. [REDACTED] END OF STATEMENT

10. EXHIBIT
11. INITIALS [REDACTED] STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT [REDACTED] DATED [REDACTED]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: CAMP DELTA, GUANTANAMO BAY, CUBA
2. DATE (YYYYMMDD): 2005 07 02
3. TIME: 1702
4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS: JTF, CAMP DELTA

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 01 JUL 2005 AT APPROX 2053 [REDACTED] I WENT
OUT IN THE [REDACTED] THE IIRF TEAM [REDACTED] AFTER MANNING OP AND
DRESSING OUT WE ALL STATED OUR POSITION AND USE OF FORCE TO COMBAT CAMERA. THEN
WE PROCEEDED TO [REDACTED] BLOC AND ENTERED CELL [REDACTED] TO EXTRACT ISN [REDACTED] AND
MOVE HIM TO [REDACTED] END OF STATEMENT

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: CAMP DELTA, GUANTANAMO BAY, CUBA
2. DATE (YYYYMMDD): 20050702
3. TIME: 2034
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: JTF, CAMP DELTA

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH-
ON 01 JUL 2005 AT APPROX. 2315HRS THE ALTERNATE IRF TEAM WAS CALLED.
THE IRF TEAM WENT INTO CELL AND EXTRACTED DETAINEE ISN#
USING THE MINIMUM AMOUNT OF FORCE NECESSARY.
END OF STATEMENT

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SIR 22 February 2004

1. Category: [REDACTED]
2. Type of Incident: Forced Cell Extraction , ISN(s) #
3. Date/Time of Incident: 221035RFEB04
4. Location: [REDACTED] Block, Camp Delta, GTMO Cuba
5. Other Information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
6. Personnel Involved:

A. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Sub

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

C. Sub

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

D. Sub

- (a)
- (b)
- (c)

- (d)
- (c)
- (f)
- (g)
- (h)
- (i)
- (j)

E. Subject

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

F. Subject

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

G. Detail

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)

all ISN's IRF'd need to be in summary.

7. Summary of Incident: At approximately 1035 on 22 February 2004, Detainee ISN [REDACTED] in cell [REDACTED] refused to exit his cell for a cell search. He was offered multiple chances to comply but still refused. The IRF team was called, and the detainee was forcefully removed from his cell. [REDACTED]

[REDACTED] No injuries reported.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004/02/22
TIME: 1111
4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 217th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 22 February 2004 at approximately 1035 hours I SN# [redacted] was IFFED (forcibly removed) from [redacted] his cell for refusing a random cell search. I [redacted] man [redacted] using the minimum amount of force necessary.
/// End of Statement ///

10. EXHIBIT
1
MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD) TIME: 22 Feb 07 1156
4. FILE NUMBER: [redacted]
5. LAST NAME FIRST NAME MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: 217th Military Police CO, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted] WANTS TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Detainee [redacted] ISN-[redacted]
Refused Radem Cell Search at 1035
on Feb 07 Detainee was removed with
minor amount of force needed to secure
as [redacted]
[redacted] leader End of Statement [redacted]
[redacted] was moved to [redacted]

10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT [redacted] DATED [redacted]"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 20040222
3. TIME: 1110 hrs
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: 717 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 Feb 04 I was on secondary IRF team for Camp [redacted] card
3. I [redacted] using
Minimum amount of force necessary. Detainees refused
Random Cell search. Detainee [redacted] ISN ([redacted])
was IRF at approx 1007 hrs, Detainee ISN ([redacted])
Cell [redacted] Detainee Cell [redacted] ISN ([redacted])
At approx 1035 hrs and moved to [redacted] was IRF
Detainee 027 was IRF at approx 1041 hrs. Detainees and
IRF team was not hurt. On 11 END OF STATEMENT 11

10. EXHIBIT: [redacted]
11. INITIALS: [redacted] NG STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004-02-22
3. TIME: 1049
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS: Military Police COMPANY, Camp Delta, Guantanamo Bay Cuba 09360

9. [Redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 2004 Feb 22 AT ABOUT 1035 [Redacted] I RECEIVED A CALL TO GO TO [Redacted] BLOCK
TO SECURE DETAINEE [Redacted] FOR REFUSING A RANDOM CELL
SEARCH. DETAINEE WAS SECURED AND MOVED TO [Redacted] I [Redacted]
[Redacted] ON THE IRF TEAM [Redacted] USING
THE MINIMUM AMOUNT OF FORCE NECESSARY. NO MEDICAL CARE WAS NEEDED.
[Redacted] END OF STATEMENT | [Redacted]

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004.02.22
3. TIME: 1110 hrs
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 217th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 22 Feb 04 I was on Secondary IRF team for Camp [redacted] I [redacted] using the minimum amount of force necessary. Detainees refused Random Cell search. Detainee [redacted] ISN([redacted]) was IRF at Approx 1027 am hours. Detainee ISN([redacted]) cell [redacted] was IRF at 1041 hours. Detainee cell [redacted] ISN([redacted]) was IRF at Approx 1035 and was moved to [redacted] by IRF team. Detainees and IRF team sustained no injuries.
End of statement

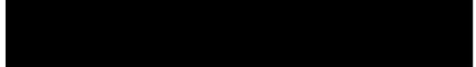
10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
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SIR 162020RFEB04

1. Category 

Type of Incident: Forced Cell Extraction :



3. Date/Time of Incident: 162020RFEB04

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

G. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

H. Subject:

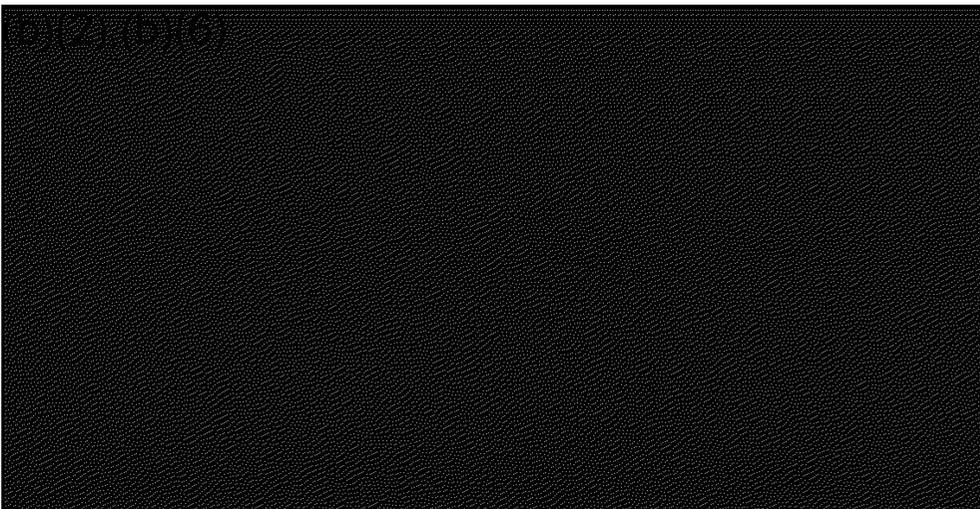
- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

I. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

J. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)



Summary of Incident: At approximately 2020hrs 16 February 2004 Block personnel approached the following detainees for the purpose of conducting a random cell search: ISN [REDACTED] the detainee refused. Block personnel informed the detainee that the random cell search was not optional; and again, the detainee refused. After the detainee refused the chain of command at Camp [REDACTED] the primary IRF team at Camp [REDACTED] was assembled, medical support was called along with video camera support, and the recreation area prepped for [REDACTED]. Once medical support and video support were present at the block, the detainee was given another opportunity to comply by [REDACTED] and refused yet again. [REDACTED] ordered the 5person IRF team to enter into the cell and forcibly removed the detainee from the cell and moved the detainee to the recreation area for [REDACTED]. Once in the recreation area, the detainee received medical attention. Once medical personnel cleared the detainee, the IRF team moved the detainee back to the cell. The cell extraction of the detainee went well. There were no injuries to any of the assigned block personnel, IRF team members or detainee.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 02 16
3. TIME: 2130
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 258 Military Police CO, Camp Delta, Guantanamo Bay Cuba 09360

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 16 FEB 2004 AT APPROXIMATELY 2020 DETAINEE [redacted] ISN# [redacted]
REFUSED A CELL SEARCH, I WAS CALLED FOR A FORCED CELL EXTRACTION, THE
DETAINEE WAS REMOVED FROM HIS CELL [redacted] TO THE REC YARD WHERE THE
CORPSMAN CHECK THE DETAINEE OUT, ONCE THE CELL WAS SEARCHED THE
DETAINEE WAS RETURNED TO HIS CELL [redacted]
//END OF STATEMENT //

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT [redacted]
PAGE 1 OF 2 PAG

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary

1. LOCATION: Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 20040216
3. TIME: 2130
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
While on the Primary Irf team on Feb 16 2004
Detainees [redacted] and [redacted] Both Refused Random Cell
Searches. I sn's [redacted] [redacted] [redacted]
my job was [redacted] [redacted]
[redacted] using the minimum amount
of force necessary. Both detainees were checked out
By medical and cleared no injuries were sustained
// End of Statement

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and re
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 02 16
3. TIME: 2130
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 16 FEB 04 at approx 2000 hrs I responded to a force call/extract on [redacted] block. Detainees in cell #'s [redacted] refused to come out for random cell searches. Detainee in cell # [redacted] 1504 [redacted] refused to come out. PR2 advised detainee to get down and the detainee complied [redacted] we took him down the [redacted] and he was cleared by medical. After putting the detainee back in his cell we then went to [redacted] 1504 [redacted] who he refused to come out for a random [redacted] when he was added out man. [redacted] area logged on [redacted] see yard where he was [redacted] detainee to the medical we then At the detainee back in his cell [redacted] the case being.

11/16ND OF STA [redacted] So what is this?

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT [redacted]
PAGE 1 OF 2

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and re
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 20040216
3. TIME: [redacted] 2130
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 16 Feb 04, at 2000hrs the IRF word was called for detainee in cell [redacted]
refused to come out for a random cell search. [redacted] was brought out and
medical cleared him, his cell was search & he was put back in. No IRF team members
were injured. We then moved to cell [redacted] who also refused a ce
search. [redacted] he was brought to the rec. yard [redacted] medical cleared him an
we put him back in his cell. No IRF team members were injured.ccc
//End of Statement//

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 1

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and re
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004/02/16
3. TIME: 2130
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 245TH Military Police [redacted], Camp Delta, Guantanamo Bay Cuba 09360

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON Feb 16 2004, 2020 hrs the Primary I R F team was called to [redacted] and [redacted] Both before a [redacted] search [redacted] using minimal amount of force necessary. [redacted] had no injuries stated. [redacted] was needed. [redacted] then got cleared by medical [redacted] was [redacted] We took [redacted] the the rec yard for [redacted] he was cleared by medical with no injuries. // end of statement

10. EXHIBIT 1 [redacted] OF PERSON MAKING STATEMENT PAGE 1 OF 2

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT [redacted] TAKEN AT [redacted] DATED [redacted]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SIR 19 June 2005

1. Category: N/A

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 1702, 19 June 2005

4. Location: [REDACTED], GTMO Cuba

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]
- (g) [REDACTED]
- (h) [REDACTED]
- (i) [REDACTED]
- (j) [REDACTED]

B. Subj

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]
- (g) [REDACTED]
- (h) [REDACTED]
- (i) [REDACTED]
- (j) [REDACTED]

C. Subj

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]
- (g) [REDACTED]
- (h) [REDACTED]
- (i) [REDACTED]
- (j) [REDACTED]

D. Subj

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]

- (f)
- (g)
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. Subje

- (a)
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- (j)

. Subje

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

D. Detainee:

- (a)
- (b)
- (c)
- (d)

7. Summary of Incident: On 19 June 2005, at approximately 1702 hours, [REDACTED] Camp Commanding Officer, with permission from [REDACTED] acting Field Grade in the Wire ordered Camp [REDACTED] Platoon Leader, [REDACTED] to initiate a Forced Cell Extraction on ISN# [REDACTED]. The detainee grabbed a guard and took his whistle while continuously refusing to relinquish food items from previous meal. The detainee was subdued by the IRF team, put on a backboard and moved to [REDACTED] Block, cell [REDACTED].

8. Remarks: N/A

9. Publicity: N/A

10. Commander Reporting: [REDACTED]

11. Point of Contact [REDACTED]

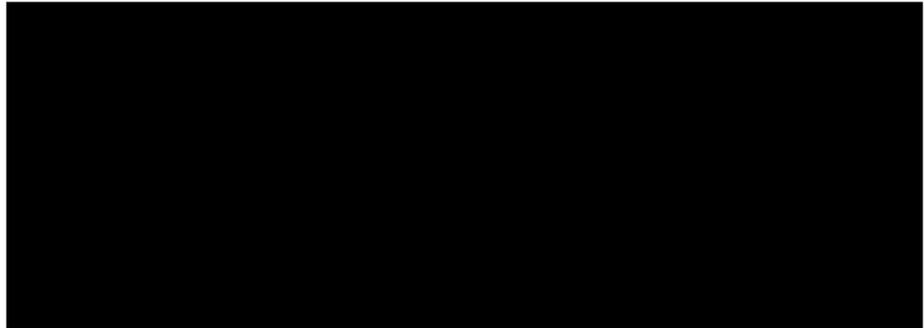
12. Downgrading Instructions: N/A

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 11/20/02, AND THE CURRENT TIME IS 1702. // THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # 2, ISN: 09030 DUE TO THE FOLLOWING EVENTS:

GRABBED MPS WHISTLE
THREW AN APPLE & FLIP FLOP AT BCK NCO

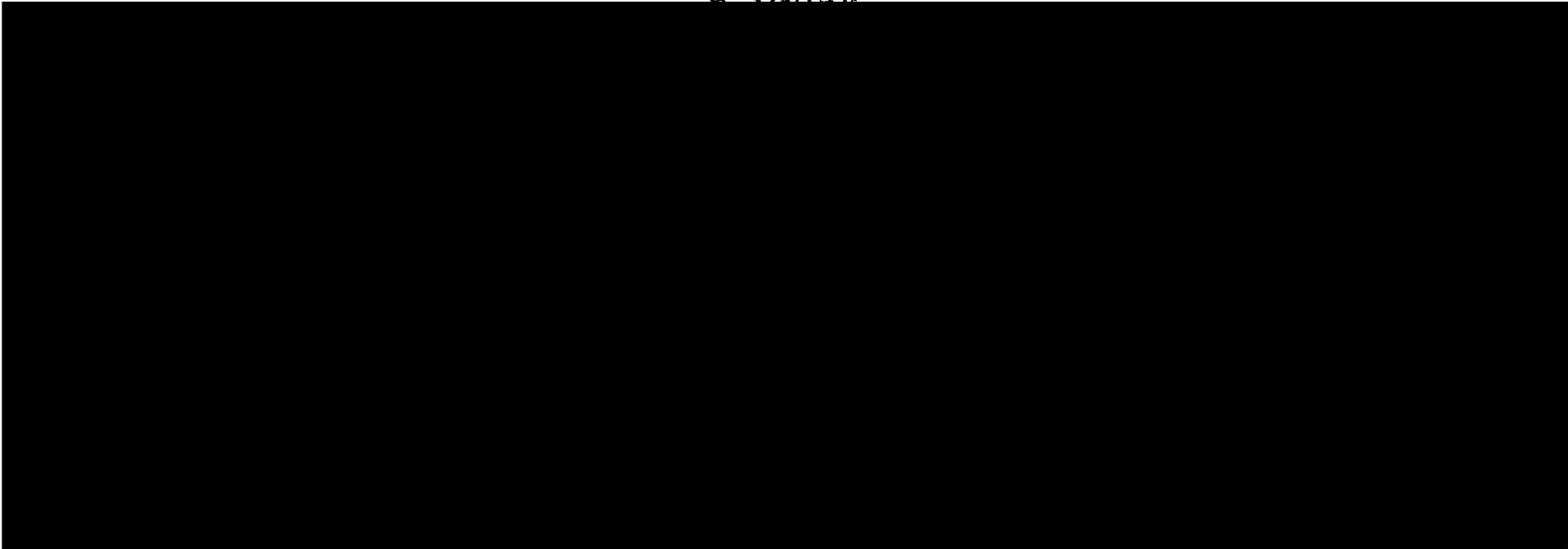
I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."



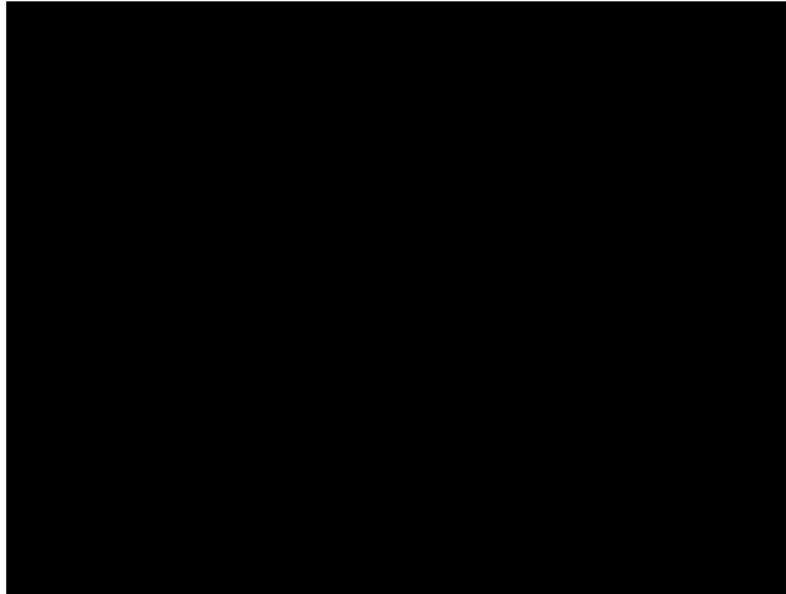
- ESCORT TEAM
- MEDICAL TEAM
- VIDEO TEAM
- INTERPRATER
- BARBER

IRF PERSONNEL INFORMATION:

POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION 5



MEDICAL ATTENTION NEEDED: YES NO



SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] BLOCK / CAMP [redacted]
2. DATE (YYYYMMDD): 20050619
3. TIME: 1845
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS:
8. ORGANIZATION OR ADDRESS: NAVY PROVISIONAL GUARD BATTALION / PLATOON 4 / CAMP [redacted]

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 19 JUNE AT 1700Z THE SECONDARY CODE [redacted] WAS CALLED AND THE IRF TEAM WAS ACTIVATED. WE SUITED UP AND WENT INTO [redacted] BLOCK TO CELL [redacted] ISN# [redacted]. THE TEAM ENTERED THE CELL. THE DETAINEE WAS EXTREMELY COMBATIVE. I USED THE MINIMUM AMOUNT OF FORCE NECESSARY AND SECURED THE WEAPON. AFTER THE DETAINEE WAS SECURED, WE MANUEVED HIM ONTO THE DECK AND TOOK HIM OUT TO THE CAUSEWAY ONTO A SPINE BOARD. HE WAS COMBATIVE AND WAS SPITTING ON MEDICAL STAFF AS WE SECURED HIM TO THE SPINE BOARD. [redacted] AND WAS TRANSPORTED TO [redacted] BLOCK AND PUT INTO CELL # [redacted]. WE EXTRACTED AND SECURED THE DETAINEE IN THE CELL. [redacted]
//NOT USBD//

10. EXHIBIT:
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION (b)(2) Block
2. DATE (YYYYMMDD) 20050619
3. TIME 1820
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
CAMP DELTA, GUANTANAMO BAY CUBA

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON JUNE 19 2005 AT ABOUT 1700 THE ... AT THAT TIME THE TEAM GOT TOGETHER ... MARCHED IN TO ... BLOCK TO IFF ... ISN# ... THE DETAINEE WAS COMBATIVE AND JUMPING AROUND THE CELL, ME BEING ... BUT THE CELL WAS SLIPERY WITH WHAT APPEARED TO BE TOOTHPASTE AND WATER, WHEN WE WENT IN THE DETAINEE JUMPED ON TO HIS BUNK AND SINCE I SLIPED, HE GOT A HOLD OF MY HEADGEAR AND STARTED TO SCRATCH MY FACE AND POKE MY EYES, AFTER THAT HE WENT TO CHOKE ME AT WHICH POINT HIS FINGER WENT IN MY MOUTH AND SINCE I HAD A HOLD OF HIS RIGHT LEG I COULD NOT DO ANYTHING TO STOP HIM FROM CHOKING ME BUT TO BITE HIS FINGERS, AFTER HE RELEASED ME I WENT TO SECURE HIS ARM AND WITH THE MINIMUM AMOUNT OF FORCE NECESSARY, I GAVE THE PLEXY CUFFS TO ... AND HE PUT THEM ON THE DETAINEE, AFTER WE SECURED HIM, WE PUT THEM ON THE STRETCHER, SECURED HIM AND TOOK HIM OUT AND ... THEN WE TOOK HIM TO CAMP ... TO ... BLOCK CELL ... WE PUT HIM IN AND ... HIM WHEN HE WAS SECURED WE TOOK THE PLEXY CUFF FROM HIS LEGS AND SECURED HIM AND PROCEEDED TO TAKE THE RESTRAINTS ON HIS HANDS, AFTER THAT WE PROCEEDED TO GET OUT OF THE CELL, AFTER EVERYTHING WAS SECURED THAT WE

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT ... TAKEN AT ... DATED ... THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [REDACTED] Block, Camp Delta, Guantanamo Bay, Cuba
2. DATE (YYYYMMDD): 26/05/01
3. TIME: 1702
4. FILE NUMBER: [REDACTED]

5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED]
6. SSN: [REDACTED]
7. GRADE/STATUS: [REDACTED]

8. ORGANIZATION OR ADDRESS: CAMP [REDACTED] BLOCK [REDACTED] Camp Delta, Guantanamo Bay, Cuba 09360

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 26/05/01, AT APPROXIMATELY 1702, CAMP 213 SECONDARY IRF TEAM CONDUCTED A FORCE CELL EXTRATION ON [REDACTED] BLOCK, CELL [REDACTED] ISN# [REDACTED] FOR FAILURE TO COMPLY TO BEHAVIORAL HEALTHS INSTRUCTION TO MOVE TO [REDACTED] BLOCK. [REDACTED] HAD SMEARED TOOTHPASTE ON THE CELL FLOOR PRIOR TO THE IRF TEAM ENTERING THE CELL. THE SECONDARY IRF TEAM ENTERED [REDACTED] CELL AND SECURED DETAINEE [REDACTED] WITH THE LEAST AMOUNT OF FORCE NECESSARY. DETAINEE [REDACTED] WAS BROUGHT BY THE SECONDARY IRF TO THE CAUSWAY AND SECURED TO A GURNEE AND ASSESSED BY MEDICAL. MEDICAL ANNOUNCED NO INJURIES TO THE DETAINEE OR IRF TEAM. [REDACTED] WAS ESCORTED TO [REDACTED] BLOCK. END OF STATEMENT

10. EXHIBIT: [REDACTED]
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER
2005-06-19 1806

5. LAST NAME FIRST NAME MIDDLE NAME 6. SSN 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 June 05 at about 1702 [redacted] was called away. I proceeded to causeway to dressout as NCOIC. The team proceeded to [redacted] block Camp [redacted] to [redacted] ISN# [redacted] After a quick safety check by the [redacted], we entered the cell and used the minimal amount of force necessary to secure [redacted]. As we secured [redacted] he got [redacted] helmet off and struck at his face drawing blood. WE secured [redacted] and proceeded to move [redacted] to [redacted] block [redacted] was spitting on the entire team, PL and CO. [redacted] was cleared by corpman and FCE Team was cleared by corpman. The team escorted [redacted] from Camp [redacted] to Camp [redacted] WE placed [redacted] in [redacted] cut off the restraints and extracted the team from cell. [redacted] // End of statement //

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 2. DATE (YYYYMM) 3. TIME 4. FILE NUMBER
20050819 1800

5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
4th PARACHUTE, CAMP DELTA, GUANTANAMO BAY, CUBA

9. I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR ABOUT 20050819 AT APPROXIMATELY 1702, SIGNALING THE INIATION OF THE ALTERNATE FCE TEAM. AFTER A QUICK SAFETY CHECK OF THE GEAR I BEGAN TO DAWN MY GEAR. ONCE MYSELF AND THE REST OF THE ALTERNATE FCE TEAM WAS GEARED UP WE WERE BRIEFED ON A DETAINEE IN CELL ISN# I WAS IDENTIFIED AND WITH THE MINIMUM AMOUNT OF FORCE NESSECARY. AT TIME THIS TIME MYSELF AND THE ALTERNATE IRE TEAM ENTERED AND SECURED THE DETAINEE USING THE MINIMUM AMOUNT OF FORCE NESSECARY. AT THIS TIME THE DETAINEES HAND AND LEG WERE SECURED USING FLEXIY CUFFS. WE THEN REMOVED THE DETAINEE FROM TO TRANSFER HIM TO AS WE WERE CARRYING THE DETAINEE OUT OF THE CELL HE BEGAN SPITTING AT THE PERSONS STANDING IN THE TEAR. AT THIS TIME I BEGAN USING PRESSURE POINTS ON THE DETAINEES NECK AND JUGLAR MARCH. APPROXIMATELY 4 TIMES ON THE WAY TO BLOCK I HAD TO REPEAT THIS DUE TO THE DETAINEE CONTINUING TO SPIT AND TRYING TO BREAK FREE. ONCE WE ARRIVED AT BLOCK WE PUT THE DETAINEE IN AND SECURED HIS HANDS AND LEGS AND REMOVED ALL MEMBERS OF THE TEAM WITHOUT INCIDENT.
END OF STATEMENT

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SIR 29FEB04-DO2

1. Category: N/A

2. Type of Incident: Forced Cell Entry

3. Detainee ISN: [REDACTED]

4. Date/Time of Incident: 29 Feb 04/0937hrs

5. Location: Camp Delta, GTMO, Cuba

6. Other information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

7. Personnel involved:

A. Subject:

(a) [REDACTED] (b) [REDACTED]

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

B. Su

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

C. Su

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

D. Su

(a)

(b)

(c)

(d)

(e)

(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]
E. S [REDACTED]
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]
F. S [REDACTED]
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]
G. D [REDACTED]
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]

7. Summary of Incident: On 29 Feb 04, at approx. 0937hrs, detainee [REDACTED] refused to shackle up for a random cell search. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. [REDACTED] checked by Medical and returned to cell. [REDACTED]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 29	3. TIME 1035	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	
8. ORGANIZATION OR ADDRESS 463 RD Military Police <u>COMPANY</u> , Camp Delta, Guantanamo Bay Cuba 09360			

9. [redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 FEBRUARY, 2004 at approximately 0937 IRT team responded to [redacted] block [redacted], ISN# [redacted] had refused a random cell search. The PL [redacted] and the team was given permission to enter. My job [redacted] and use the minimum amount of force necessary. Detainee was removed & placed in the rec area to be evaluated by medical. Upon completion of the medical terms evaluation the detainee was cleared and placed back into his cell. [redacted]

/// END OF STATEMENT ///

[Large redacted area]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SWORN STATEMENT

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PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 02 29
3. TIME: 1035
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 29 Feb 04 at 0937, I ... on the IRF team. My job was to
... on detainee ... ISN ...
... was a cell search refusal. ... was lying down on his front side upon
entry. I used the least amount of force necessary to secure his right leg. ...
was secured then taken to the rec yard, ... and cleared by medic.
Then detainee was brought back to cell.
End of Statement

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT ... TAKEN AT ... DATED ...
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SWORN STATEMENT

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMM): 20040229
3. TIME: 1035
4. FILE NUMBER: [redacted]
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]
8. ORGANIZATION OR ADDRESS: 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 29 Feb 04 at about 0937 while conducting my duties [redacted]
the IRF team [redacted]
using the minium amount of force necessary. I entered [redacted]
ISN# [redacted] with the IRF team because [redacted] refused
a random cell search. We took [redacted] out of his cell and
moved him to the recyard for [redacted] and then
back to his cell using the minium amount of force necessary.
/// End of Statment ///

10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED
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SWORN STATEMENT

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (Y[redacted] D): 20040227
3. TIME: 1052
4. FILE NUMBER:

5. LAST NAME FIRST NAME MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 29 Feb 04 At Approx. 0937 The IRF Team entered the cell of [redacted] The IRF Team
was used because detainee [redacted] Refused A Random Cell search [redacted] prior to
US Arriving on [redacted] Block [redacted] on the IRF team [redacted]
[redacted] of the detainee and to ensure the IRF Team as
A whole uses the least amount of force necessary to safely perform the extraction. The detainee
was secured AND moved to the rec yard where he was [redacted] cleared by medical.
The detainee was then moved back to his cell without further incident. [redacted]
///END OF STATEMENT ///

10. EXHIBIT:
11. INITIALS: [redacted] MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
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SWORN STATEMENT

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PRIVACY ACT STATEMENT

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PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 02 29
3. TIME: 11:30
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME; 6. SSN; 7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 463 Military Police COMPANY, Camp Delta, Guantanamo Bay Cuba 09360

[redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 29 FEB 04 AT APPROXIMATELY 09:37 WHILE [redacted] OVER THE
IRF TEAM, [redacted] EXTRACTED
[redacted] ISN [redacted]. THE DETAINEE RESISTED GETTING
HIS HANDS CUFFED BY NOT MOVING HIS ARMS. DETAINEE WAS REMOVED FROM CELL,
USING THE MINIMUM AMOUNT OF FORCE NECESSARY NEARBY, AND PLACED IN THE REC
YARD [redacted] AND THEN RETURNED TO HIS CELL !!! END OF STATEMENT!!!

10. EXHIBIT; 11. INITIALS OF PERSON MAKING STATEMENT: [redacted]; PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
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SIR 191428RFEB04

1. Category: N/A
2. Type of incident: Forced Cell Extraction
3. Detainee ISN: (b)(2)
4. Date/Time of incident: 191420RFEB04
5. Location: Camp Delta, GTMO, Cuba
6. Other information
 - a. Racial (Y/N): N

7. Personnel Involved:

- A. Subject (b)(2) (b)(6)
- a
- b
- c
- d
- e
- f
- g
- h
- e
- B. Subject
- a
- b
- c
- d
- e
- f
- g
- h
- i
- C. Subject
- a
- b
- c
- d
- e
- f
- g
- h
- i
- 

D. Subject (b)(2), (b)(6)

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

E. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

F. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

G. Detainee

- a.
- b.
- c.
- d.
- e.
- f.

8. Summary of Incident: On 19 February 2004, at approximately 1428hrs, Detainee ISN [REDACTED] refused to comply with the requirement to submit to a random cell search. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary and checked the cell for contraband and unauthorized items.

9. Remarks: See medical information in summary of incident

10. Publicity: N/A

11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba

12. Point of Contact:

3239

13. Downgrading instructions: N/A

SWORN STATEMENT

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PRIVACY ACT STATEMENT

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD) 2004 02 19
3. TIME 1740
4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 19 FEB 04 at approx. 1428hrs detainee in cell [redacted] USN [redacted] refused to come out for a random cell search. The alternate I&F team was called and we responded to [redacted] block. Once the team was ready we were briefed by P/L on [redacted] situation. Once stacked in front of his cell I observed the P/L telling the detainee to get on the ground. The detainee refused to comply. [redacted] and then we entered the cell and searched the detainee. Once searched we then proceeded to the causeway with the detainee where he was [redacted] cleared by medical. Once [redacted] we got the detainee back in his cell. We then proceeded to the causeway [redacted]

///END OF STATEMENT///

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 20070219
3. TIME: 1740
4. FILE NUMBER: [redacted]

5. LAST NAME FIRST NAME MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: 258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 19 Feb 04, at 1428hrs, the IRF word was called for [redacted] refusing to come out
for a random cell search. The PL asked to come out he refused. I [redacted]
[redacted] using the minimum amount of force necessary. We pulled him out to the
causeway where he was [redacted] cleared by medical. They searched his cell and we placed him
back in his cell. No IRF team members were injured. [redacted]

///End of Statement///

10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMM) 20040219	3. TIME 1746	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS 254 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On 19 Feb 2004 At approx. 1428 [redacted] ISIV [redacted] refused a random cell search [redacted]
 [redacted] ICF team we went in [redacted]
 [redacted] we carried him out to the [redacted] where he was cleared by medical
 we put him back in his cell unsecured him and exited I used minimum amount
 of force [redacted] 11/E [redacted] ment 11/E
 [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME 1740	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS 256 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

While assigned as a member of the alt IFF team on 1A FEB 04 we performed a forced cell extraction on [REDACTED] ISN# [REDACTED] for refusing a random cell search. we went into the cell at 1428 Hrs. using the minimum amount of force. He was taken out of his cell and placed on the trap until his cell was searched. we placed him back into his cell there were no injuries. [REDACTED] // End of Statement [REDACTED]

10. EXHIBIT	11. INITIALS OF [REDACTED] MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 20040219
3. TIME: 1740
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 254th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 19 February 2004 at approx. 1428 hours, while [redacted]
[redacted] IRF team we were called to [redacted] block to IRF [redacted] ISN
number [redacted] for refusing a random cell search. I [redacted]
[redacted] using the minimum amount of force necessary. [redacted] So
we carried him to the cross-way for [redacted] to be check by the medic.
the detainee was then returned to his cell. No mps or detainee's were injured
during this IRF. [redacted]

/// END OF STATEMENT [redacted] ///

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT [redacted] TAKEN AT [redacted] DATED [redacted]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
N PGB, BRAVO COMPANY, CAMP [REDACTED], CAMP DELTA, CTMO CLBA

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

19 JUNE 05 AT ABOUT 1700Z THE ALTERNATE IRF CODE "ELVIS" WAS CALLED FOR
CAMP [REDACTED] I EXITED [REDACTED] BLOCK [REDACTED] TO SUIT UP IN CAMP [REDACTED] CAUSWAY.
AFTER SUITING UP WE WERE BRIEFED ON [REDACTED] (ISU# [REDACTED]). THE
ALTERNATE IRF TEAM PROCEEDED TO [REDACTED] BLOCK TO FORCE CELL EXTRACT
[REDACTED] AFTER [REDACTED] IRF TEAM MEMBER CHECKED DETAINEE'S POSITION IN CELL
THE DOOR WAS OPENED THE IRF TEAM MOVED INTO THE CELL USING THE
MINIMUM AMOUNT OF FORCE NECESSARY. WE GOT THE DETAINEE ON THE
GROUND AND USED FLEX CUFFS TO RESTRAIN HANDS AND LEGS. AFTER HANDS
AND LEGS WERE RESTRAINED A QUICK CHECK [REDACTED] WAS FOUND
TO BE INJURED. USING PROPER PROCEDURE WE MOVE DETAINEE TO CAUSWAY. THE
MED CORPMAN CHECKED [REDACTED] HE WAS FOUND TO BE OK. AS [REDACTED]
MAN FOR IRF TEAM. THE CORPSMAN THEN STRAPPED [REDACTED] TO MED BORD. THE IRF
TEAM THEN LIFTED [REDACTED] AND WE ESCORTE DETAINEE TO CAMP
[REDACTED] BLOCK. THE IRF TEAM REMOVED DETAINEE FROM MED BORD THEN PLACED
DETAINEE IN CELL [REDACTED] ONCE PLACED IN CELL WE PROCEED THE TEAMS EXTRACTION.
THE [REDACTED] REPORTED TO MEDICAL, THE REST OF THE TEAM REPORTED BACK TO CAMP
FOR DEBRIEF, I PARTICIPATED AS [REDACTED]
AND SHACKLES [REDACTED]

// END OF STATEMENT //

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE BE INDICATED.

C4-0228

SIR 29FEB04-DO1

1. Category: N/A

2. Type of Incident: Forced Cell Entry

3. Detainee ISN: [REDACTED]

4. Date/Time of Incident: 29 Feb 04/0655hrs

5. Location: Camp Delta, GTMO, Cuba

6. Other information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

7. Personnel involved:

A. Subject:

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i) U

(j) D

B. Su

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i) U

(j) D

C. Su

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i) U

(j) D

D. Su

(a)

(b)

(c)

(d)

(e)

(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]
E. Su [REDACTED]
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]
F. Su [REDACTED]
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]
G. De [REDACTED]
(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]

7. Summary of Incident: On 29 Feb 04, at approx. 0655hrs, ISN [REDACTED] detainee refused to shackle up for the Escort MPs to take him to Reservations. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. The detainee was checked by Medical and turned over to the Escort Team for transport to reservations. [REDACTED]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 20040229
3. TIME: 0847
4. FILE NUMBER: [redacted]

5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 27 Feb 04 At approx 0655 WC (THE IRF TEAM) entered the cell of [redacted] and extracted
Detainee [redacted] He was forcefully extracted from his cell due to him refusing to
go to his Resurrection Appt. I [redacted] on the IRF Team with the
[redacted] and ensuring that
the entire team uses the minimum amount of force necessary to perform the extraction
After the extraction was performed the detainee was carried to the causeway where he
was cleared by medical, put in a 3-piece suit and placed on a back board, because he
refused to walk. He was then transported [redacted] resurrection without further incident.
/// END of Statement ///

10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 02 29
3. TIME: 0754
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 443rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On the 29th of Feb. 2004 ... refused to come out of his cell for reservation. The SOG, PL, and CO were all notified. Then ... refused once more, The IRT team was called at approx. 0645hrs. ... on the team. My ... using the minimal amount of force necessary. ... refused to walk. The IRT team secured the detainee on a back board and released him to the escort team. Medical, Camera, ... were all on scene, Medical cleared ... were NOT USED, because ... complied.
/// END OF STATEMENT ///

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT 0754 DATED 022904"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 20040228
3. TIME: 0803
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS:
8. ORGANIZATION OR ADDRESS: 403rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 Feb 04 at about 0855 while conducting my duties as [redacted] the IRF team; my [redacted] ISN# [redacted] his head using the minium amount of force necessary. We entered [redacted] cell because he refused to come out to reservation. We than moved [redacted] to Brown Building without further incident. [redacted]

/// End of Statment ///

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.



SWORN STATEMENT

For use of this form, see AR 190-45; the proposing agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYY[MDD]): 2001 02 29
3. TIME: 0756
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 463RD Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0655 on 29 FEB 2001 the IRF team was called to [redacted] block for a cell extraction. [redacted] ISN # [redacted] had refused reservation. Said detainee was lying on the floor, face down, wanting to be cuffed and removed. The PL gave the IRF team permission to proceed and we entered. [redacted] The detainee was secured & removed using the minimum amount of force and taken to the front of [redacted] block to be examined by medical. He was cleared by medical, placed on a backboard and taken to reservation.

///End of Statement///

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT [redacted] TAKEN AT [redacted] DATED [redacted]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 02 29
3. TIME: 0852
4. FILE NUMBER: [redacted]

5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: 463rd Military Police CO, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On February 29th of 2004 at approx. 0655 hrs the IRF code was given [redacted] I immediately headed to the cosway where we dawned our IRF gear and got our brief. The detainee was [redacted] (ISN [redacted]) subject was compliant, upon performing the extraction the subject was carried out to the cosway where he was placed in a 3 piece suit and cleared by medical in cosway. Then he was taken to reservation. All of this was done using the minimum amount of force, I [redacted] on the team [redacted] /// End of Statement ///

10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.



04-0216

SIR 01MAR04-D01

1. Category: N/A
2. Type of Incident: Forced Cell Extraction
3. Detainee ISN: [REDACTED]
4. Date/Time of Incident: 1 Mar 04/0615
5. Location: Camp Delta, GTMO, Cuba
6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N

7. Personnel involved:

A. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Su

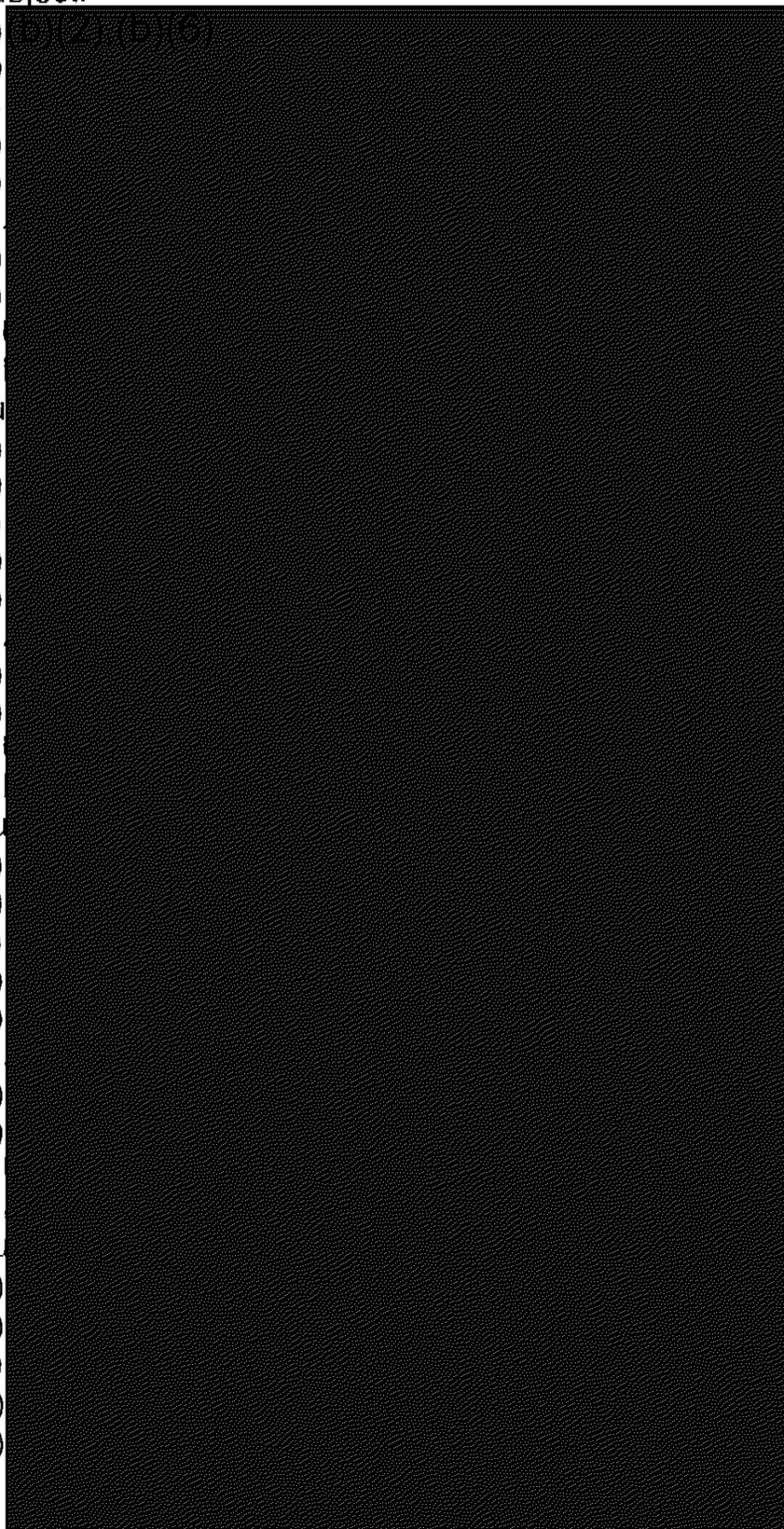
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- (j)

C. Su

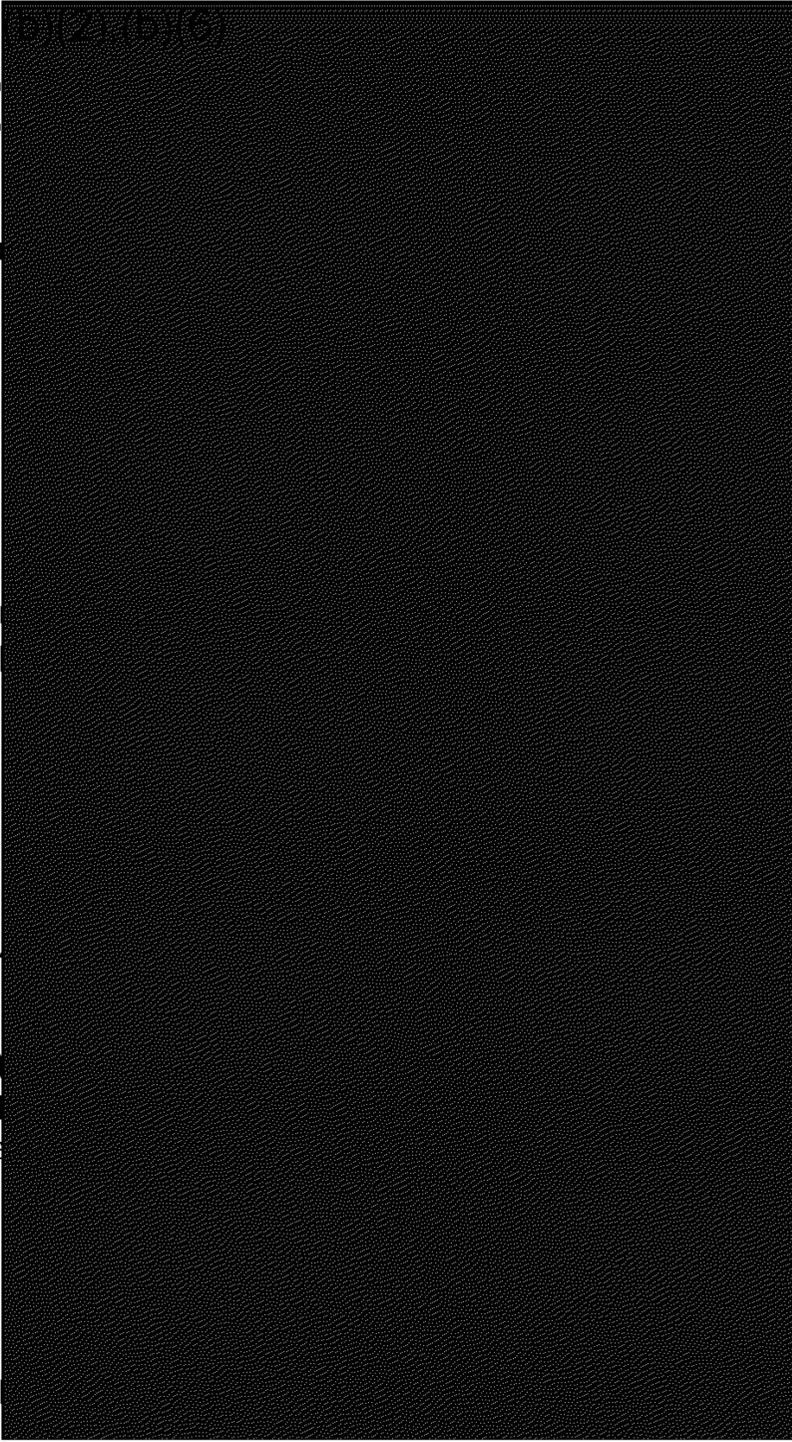
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7. Summary of Incident: On 1 Mar 04, at approx. 0615hrs, detainee ISN [REDACTED] refused to shackle up for transportation to Reservations. The IRF Team was activated and they extracted the detainee from his cell using the minimum amount of force necessary. The detainee was checked, cleared by medical, and turned over to the Escort Team for transport to Reservations. [REDACTED]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is [redacted] ary.

1. LOCATION [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYMMDD) 2004 Mar 4 0705	3. TIN [redacted]	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS [redacted] Military Police Co, Camp Delta, Guantanamo Bay Cuba 09360			

[redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 14 Mar 2004 at approximately 0615 the IRF team made of [redacted] and I.I [redacted] # 9 man was called to [redacted] blocks for Reservation refusal by [redacted] ISN# [redacted] and with minimum amount force necessary the IRF team went into cell [redacted] with detainee [redacted] with no resistance was taken out of his cell and to the courtyard, where were Escort team took him. [redacted] became the detainee ISN# [redacted] Refused to wa
/// end statement [redacted]

Nothing follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 P
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [redacted] TAKEN AT [redacted] DATED [redacted]"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 March 01	3. TIME 0705	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
661 Military Police 119 FA, Camp Delta, Guantanamo Bay Cuba 09360

9. [Redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On March 1 2004 at approximately 0615 the [Redacted] IRF team made up of [Redacted] and my self being [Redacted] was called [Redacted] for Res. Release [Redacted] ISN # [Redacted] and used the [Redacted] minimum force and [Redacted] The IRF team went into the cell and got the detainee ISN # [Redacted] at first did not want to walk so the IRF team carried detainee ISN # [Redacted] out side when we put him down he said he would walk and escort team walked Detainee ISN [Redacted] out. // End Statement

Walking follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [Redacted]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSIV).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 03 01
3. TIME: 0705
4. FILE NUMBER: [redacted]
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: [redacted] Military Police CO, Camp Delta, Guantanamo Bay Cuba 09360

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
on 1 March 2004 at approximately at 0615 the IRF Team was called up to [redacted] Block due to refusal of Reservation. IRF Team made up of [redacted] and myself [redacted] went in to IRF [redacted] ISA using the minimum amount of force necessary. My position is team leader [redacted] Once we had the Detainees outside in the Causeway he walked on [redacted] and the escort team took the detainees away. //
End of Statement [redacted]

10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted] PAGE 1 OF 2 P.

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT _____ DATED _____
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AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/ means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 03 01	3. TIME 0730	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS 601 Military Police 119th FA, Camp Delta, Guantanamo Bay Cuba 09360			

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

on MARCH 01 2004 at approximately 0615, the IRF team composed of [redacted] and myself was called to form up due to a refusal from [redacted] ISN [redacted], to go to reservation. I [redacted] so when we entered the cell, [redacted] using the minimum amount of force, [redacted] of ISN [redacted] when ISN [redacted] was taken from the cell and outside, he was cleared from medical and walked willingly to his reservation. no mps were injured during the movement // END of STATEMENT [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 P.
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
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AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary. [REDACTED]

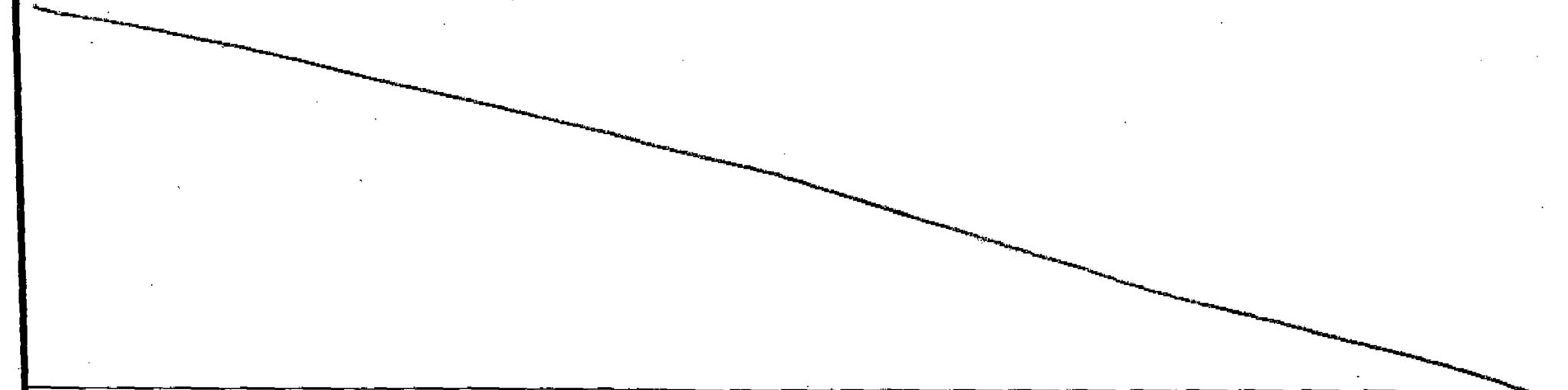
1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD) 04/04/03
3. TIME 0745
4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]
6. SSN [REDACTED]
7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS
(01) Military Police 119th FA, Camp Delta, Guantanamo Bay Cuba 09360

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On March 1st 2004 at approximately 0615 the [REDACTED] IRE Team
composed of [REDACTED]
called to [REDACTED] block for a Reservation release by detainee
[REDACTED] (ISN# [REDACTED]) and only
the minimum amount of force was used. The detainee
[REDACTED] (ISN# [REDACTED]) laid down on his chest in his
cell [REDACTED] as the #2 man [REDACTED]
The IRE Team carried the
detainee [REDACTED] (ISN# [REDACTED]) out of his cell and out
of the block. The medical team did a routine check and for
everyone was all right. The escort team shackled the detainee
[REDACTED] (ISN# [REDACTED]) into a three piece suit and the
detainee [REDACTED] (ISN# [REDACTED]) walked to Reservation
on his own. // End of Statement /// [REDACTED]



10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT [REDACTED] PAGE 1 OF 2 P.

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

04-0187

SIR 29FEB04-DO5

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN: [REDACTED]
- 4. Date/Time of Incident: 29 Feb 04/1510hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N

7. Personnel involved:

A. Subject:

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]
- (g) [REDACTED]
- (h) [REDACTED]
- (i) [REDACTED]
- (j) [REDACTED]

B. Su

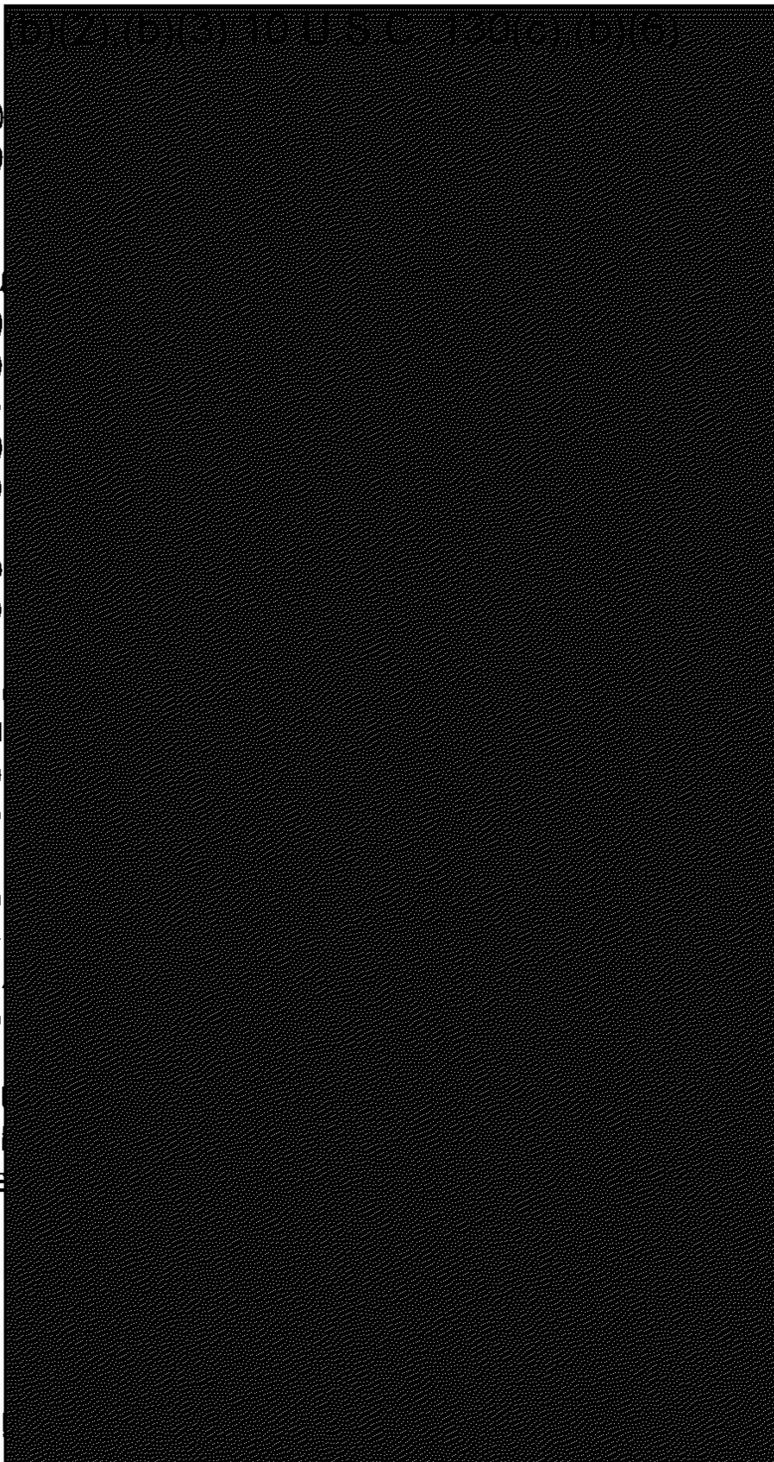
- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]
- (g) [REDACTED]
- (h) [REDACTED]
- (i) [REDACTED]
- (j) [REDACTED]

C. Su

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]
- (g) [REDACTED]
- (h) [REDACTED]
- (i) [REDACTED]
- (j) [REDACTED]

D. Su

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]



(b)(2), (b)(3), 10 U.S.C. 1301(b)(1)-(6)

- (f)
- (g)
- (h)
- (i)
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- (e)
- (f)

7. Summary of Incident: On 29 Feb 04, at approx. 1510hrs, detainee ISN [REDACTED] refused to shackle up for a random cell search. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. The detainee was [REDACTED] checked by Medical and returned to his cell. [REDACTED]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMM): 20040229
3. TIME: 1548
4. FILE NUMBER: [redacted]
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]
8. ORGANIZATION OR ADDRESS: 46319 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On Feb. 29, 2004 at about 1510. I was called on to do a force cell movement on [redacted] ISN [redacted]. The reason for movement was for a random cell search and detainee wouldn't come out of his cell. I [redacted] and my [redacted] we entered the cell with the minimum amount of force and took him out to the sea yard were medical cleared him. When then took him back to his cell, and exited the cell where nothing else happened. ||| End of Statement |||

10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT [redacted] DATED [redacted]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY) 20040229	3. TIME 1630	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [redacted]		6. SSN [redacted]	7. GRADE/STATUS [redacted]

8. ORGANIZATION OR ADDRESS
 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON 29Feb04 At Approx 1510 the IRF team entered the cell of [redacted]. The Detainee
 [redacted] Refused to exit his cell for a Random cell search. [redacted] As the
 [redacted] of the detainee, I also must ensure that the IRF team as a whole used the
 minimum amount of force necessary to safely perform the extraction. The detainee was
 moved to the Rec yards where he was cleared by medical and then returned to his
 cell without further incident [redacted] // End of Statement //

10. EXHIBIT	11. I [redacted] PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040229 [redacted]	3. TIME 1527 [redacted]	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	
8. ORGANIZATION OR ADDRESS 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 Feb 04 at about 1510 while conducting my duties as [redacted] IRF team [redacted] USING the minimum amount of force necessary the reason we entered [redacted] ISN [redacted] was because he refused a random cell search. [redacted] was removed from his cell using the minimum amount of force necessary

End of Statement

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> PAGES
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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD): 2004 02 29
3. TIME: 1529
4. FILE NUMBER:
5. LAST NAME FIRST NAME MIDDLE NAME:
6. SSN:
7. GRADE/STATUS:

8. ORGANIZATION OR ADDRESS: 4632D Military Police COMPANY, Camp Delta, Guantanamo Bay Cuba 09360

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 29 FEB 04 AT APPROXIMATELY 1510 HOURS I RESPONDED WITH THE IRF TEAM TO [redacted] BLOCK BECAUSE [redacted] ISN: [redacted] REFUSED TO COME OUT OF HIS CELL FOR A RANDOM CELL SEARCH. I ENTERED [redacted] AND SECURED HIS RIGHT ARM USING THE MINIMUM AMOUNT OF FORCE NECESSARY. WE THEN TOOK HIM TO THE EXERCISE YARD WHERE HE WAS CLEARED BY MEDICAL AND HIS CELL WAS SEARCHED. WE THEN PUT HIM BACK IN HIS CELL AND EXITED. // END OF STATEMENT //

10. EXHIBIT:
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT [redacted] TAKEN AT [redacted] DATED [redacted]
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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION █ Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 29	3. TIME 1530	4. FILE NUMBER █
5. LAST NAME, FIRST NAME, MIDDLE NAME █	6. SSN █	7. GRADE/STATUS █	
8. ORGANIZATION OR ADDRESS 463 rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. █, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON 29 Feb 04 at 1510 I RF Team was called to █ refused a
 Random Cell search. I █ using the least
 amount of force necessary. Once secure we escorted out to rec yard, were medics
 cleared him. Once cleared █ was brought back to cell. █

End of Statement

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT █	PAGE 1 OF <u>2</u> PAGES
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